

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2008 MAY 15 PM 3:24

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Stacy D. Newgard

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Stacy D. Newgard

Political Party (if applicable)

Republican

Office Sought

Sheriff of Dickinson County

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a


SIGNATURE OF PERSON FILING REPORT

712-330-3221
TELEPHONE

05/15/08
DATE SIGNED

I AM FILING A Jan 1st to May 14th, 2008 (May 15th)

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November, 2008

County & Local Committees, enter County in
which Election is held
Dickinson

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

770.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 770.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

448.52

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 321.48

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 215.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

committee to elect stacy D. Newgard

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
04/03/08	ID# CK#	Bill Erch 2177 Lake Shore Ave, W. Des Moines 50381	NA	\$ 100.00	<input type="checkbox"/>
4/10/08	ID# CK#	TYNIA KINNETZ 703 16TH ST SPIRIT LAKE IA 51364	FRIEND	100.00	<input type="checkbox"/>
4/14/08	ID# CK#	DOU H. CHRISTENSEN 16560 N. JAWER LAKE SPIRIT LAKE IA 51364	FRIEND	100.00	<input type="checkbox"/>
4/23/08	ID# CK#	MIKE BOUNTE WENNET 1015 Brooks Ave North-Des Moines IA	FRIEND	200.00	<input type="checkbox"/>
4/23/08	ID# CK#	Barb Gooderson 2906 7th St Emmetsburg IA 50525	FRIEND	20.00	<input type="checkbox"/>
4/24/08	ID# CK#	Charles Anderson 411 Creek CT Greenfield WI 54302	FRIEND	50.00 100.00	<input type="checkbox"/>
5/01/08	ID# CK#	Steve Christenson 111 West Main St Linn, IA 50651	FRIEND	100.00 50.00	<input type="checkbox"/>
5/04/08	ID# CK#	FRANK: JOSEY CENHA PO BOX 252 SPIRIT LAKE IA 51364	FRIENDS	100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 770.00

TOTAL (If last page of this schedule)

\$ 770.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

committee to elect Steve D. Newgard

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/24/08	ID# CK#	DICKINSON COUNTY ADJUTANT 1502 Hill Ave Spencer, IA	Records, paper 1157	\$ 32.70
4/22/08	ID# CK# 1000	PERKINS RESTAURANT MILFORD, IA	committee meeting meal 11	25 88
4/22/08	ID# CK# 1001	SAGA COMMUNICATIONS SPENCER, IA	13 RADIO STATION JUNE 12-3	125 96
5/6/08	ID# CK# 1002	Michelle Berlow 1902 17th St MILFORD, IA 51351	PAINT 4 SIGNS PIZZA 4 WORKERS	45 44
5/09/08	ID# CK# 1003	MANARDS SPENCER, IOWA	PAINT, PINEAL supplies, wood	200 00
4/21	ID# CK#	NORTHWEST FEDERAL SAVINGS BANK	committee checks	15 84
	ID# CK#			
	ID# CK#			

SUB-TOTAL

\$ 432.68

TOTAL (if last page of this schedule)

\$ 432.68

448.52
448.52
TOTAL**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MAY D. NEWGARD

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SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4/28/08	KERN OLSON 405 LAKE ST SPRING LAKE, IA	Friend	PHOTO'S FOR CAMPUS	\$ 55.00	<input type="checkbox"/>
9/2/08	VIAI WATERS 1903 13TH ST MIL FORD, IA	Friend	500 PHOTOGRAPHS	75.00	<input type="checkbox"/>
9/10/08	DON CHRISTENSEN 16560 N. INDIAN LANE SPRING LAKE, IA	Friend	200 MAILING ENVELOPES	95.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 225.00

TOTAL (If last
page of this
schedule)

\$ 225.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)